

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>OBJECTION TO ADMINISTRATIVE</b> <b>ADMISSION (INDIVIDUAL WITH</b> <b>DEVELOPMENTAL DISABILITY)</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, an individual with a developmental disability

1. I object to the administrative admission of \_\_\_\_\_ and request the  
Name  
 court to schedule a hearing on this objection. This objection is made
- ☐ within 30 days after the admission of the resident.
- ☐ after the first objection or 6 months after a prior objection.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

2. The person filing this objection is

☐ the resident. I am age 13 or older.

☐ \_\_\_\_\_  
Name Relationship or reason interested in resident

\_\_\_\_\_  
 Complete address

\_\_\_\_\_  
 Telephone no.

3. The resident was administratively admitted to \_\_\_\_\_  
Name of center
- on \_\_\_\_\_ upon the application of \_\_\_\_\_,  
Date Name
- the resident's
- ☐ parent,  
☐ guardian,  
☐ person in loco parentis,

\_\_\_\_\_  
 Complete address

\_\_\_\_\_  
 Telephone no.

Do not write below this line - For court use only